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**BOROUGH OF STAFFORD**



# **ANNUAL REPORT**

**OF THE**

**MEDICAL OFFICER  
OF HEALTH**

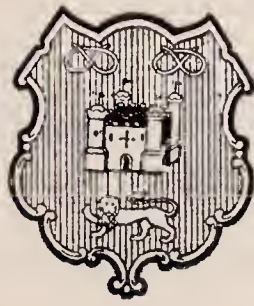
**TOGETHER WITH**

**THE REPORT OF THE  
CHIEF PUBLIC HEALTH  
INSPECTOR**

**1957**



**BOROUGH OF STAFFORD**



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CHIEF PUBLIC HEALTH  
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**1957**

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**W. D. H. McFARLAND,**  
*Medical Officer of Health*

**IVOR O. WILLIAMS,**  
*Chief Public Health Inspector*

BOROUGH OF STAFFORD

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## PUBLIC HEALTH STAFF

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### *Medical Officer of Health :*

\*W. D. H. McFARLAND, M.B., B.Ch., B.A.O., D.P.H.

### *Deputy Medical Officer of Health (Part-time) :*

A. V. CAMPBELL, M.D., Ch.B., D.P.H.

### *Chief Public Health Inspector :*

\*I. O. WILLIAMS,  
Cert.R.San.Inst., and Certificated Meat Inspector

### *Senior Public Health Inspector :*

\*G. ATHERTON,  
Cert. S.I.B., and Certificated Meat Inspector

### *Additional Public Health Inspectors :*

\*K. A. SIMS, Cert. S.I.B.

\*J. LEAR, Cert. S.I.B.

(In H.M. Forces)

### *Analyst :*

A. HOULBROOKE, M.Sc., F.R.I.C.,  
County Buildings, Stafford

### *Chief Clerk :*

Mrs. H. N. Jackson

### *Clerks :*

T. T. Williams

Mrs. E. M. Johnson

### *Trainee Public Health Inspector :*

D. Addyman (Appointed 28th January. Resigned 27th August)

R. Salmon (Appointed 14th October)

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*\*Salaries contributed to under Public Health Acts or by Exchequer Grants*

*“ Let the bold and the busy hunt glory and wealth,  
All the blessing we ask is the blessing of health.”*

BOROUGH HEALTH OFFICE,  
5, MARTIN STREET,  
STAFFORD.  
JUNE, 1958.

**To the Chairman and Members of the  
Public Health Committee.**

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in presenting the Annual Report on the Health of the Borough for the year 1957.

The value and implications of an Annual Report dealing with medical matters can only be truly assessed by comparing it with Reports of previous years. Many infectious diseases have a periodicity of their incidence—and perhaps, too, of their severity—and this factor must be considered when making deductions from an Annual Report. In this present year, there was an epidemic of measles whereas in 1956 the incidence was low. Measles has again shown its two-year periodicity and so accounting for this variation.

In review, it can be claimed that during recent years the control of infectious diseases has shown great progress. This can partly be attributed to a decrease in virulence of the organisms and viruses, but no doubt the improvements in living conditions, sanitation and in preventative measures such as immunisation, have been of major importance. A fairly high proportion of children are receiving primary immunisation against diphtheria and booster doses increased considerably during the year. At the time of writing, poliomyelitis immunisation is in full swing for children between 6 months and 15 years of age. The response is good despite the fact that the onus of responsibility for accepting a particular vaccine rests with the unfortunate parent.

It is emphasised that poliomyelitis is not an infection which attacks only children. Last year there were four cases in Stafford, two in children and two in adults. Generally speaking although the incidence is higher among children than adults, the infection when it occurs in adults is more severe. Consequently, it is hoped that the day is not far distant when immunisation will be extended to include adults and they in turn will show the same keenness to be immunised as they have shown for their children.

Concern is to be expressed about the decreasing numbers in the population who are protected against smallpox by vaccination. With the advance in air communications, the great safety afforded to the community by the protective twelve-day period of incubation of smallpox has entirely lost its meaning. A Hindu in Bombay may be the cause of infection in a Methodist in Wigan by little more reason than a Comet's flight. There is a complacency about the need for vaccination but this is rather false since, as yet, we have not found an appropriate antibiotic to prevent fatalities and panic. Such complacency entails a grave risk and is a stable-door policy.

Tuberculosis has been referred to as “a social problem with a medical aspect.” The control of tuberculosis depends greatly upon improved living conditions of the population, outstandingly so with regard to good housing and to good nutrition. The Housing Committee have been very understanding of cases brought before them and generous in their allocation.

The epidemic of dysentery carried over from the previous year began to tail-off after the first quarter—spontaneous cases occurring until the end of the year.

During the latter nine months of the year in conjunction with Dr. Mackay-Scollay, the Director of the Public Health Laboratory, a survey was completed. This entailed collecting twelve samples of faeces from different children each week between the ages of six months and five years and submitting them for full bacteriological examination, particularly the virus of poliomyelitis. One child was found to be carrying the virus of poliomyelitis although she herself was perfectly well and remained so. On visiting the home, four child playmates were in the same room, none of whom were found to be carrying the virus, even after repeated faecal examinations. This occurred four weeks following the first notified case of Poliomyelitis on August 12th, 1957. There was no connection between the case and the carrier—in fact they lived at opposite ends of the town. This rather suggests that for every case of Poliomyelitis notified there are a number of people who are actually carrying the germs and who themselves do not suffer from the infection.

No dysentery, food poisoning or any other disease-producing germs were found in any of the above specimens. This is rather surprising and not what was expected, considering that, at that particular time, dysentery had been and still was fairly prevalent.

Following on my remarks concerning the height of ceilings and ventilation in pantries in the Annual Report for last year, the Council, in their wisdom, made amends with regard to the future building of their own council houses.

During the year representations were made of three Clearance Areas under Section 42 (1) of the Housing Act, 1957. This included 141 houses in the New Street, Browning Street, Cottage Street, Friars Street, Cross Street, Fancy Walk and Grey Friars area, which were considered unfit for human habitation. Included in the Compulsory Purchase Order No. 1, 1957 were 35 other properties and land. A Public Inquiry was held on the twenty-fifth day of February, 1958, and the result is awaited.

A summary of the evidence submitted is given on page 24 of the report. Generally speaking all the houses in the Clearance Areas showed marked evidence of old age. There was a direct entrance from the footpath to the living room in nearly all of them and with a defectively fitting front door and a direct passage from front to back, there was certainly no lack of strong draught. Wall dampness,

either penetrating, rising or both and floor dampness, countered by layer upon layer of linoleum and carpet, were very disturbing features. Add to this darkness and lack of ventilation in most bedrooms and in quite a few of the living rooms.

The kitchen-scelleries presented a most sordid aspect and when it is considered that this is where the housewife spends a large portion of her time, the adverse feelings expressed by them can be readily understood. This was the average spectacle—gross overcrowding of equipment, decayed plaster with peeling paintwork, uneven cracked damp floors, caked dirt between the crevices and impossible to clean properly, a window frame either rotten or rusted, the sink antiquated, brown and shallow (61% of the houses), pitted with years of use and supplied with cold piped water—a single cold water tap at a sink without any hot water is a mockery to the struggling housewife. There were modern sinks in 39% of cases. In only 7 houses out of the 141 was there hot running water supplied to the sink and this in the form of an electric or gas geyser in six cases and from a back boiler in the other. A properly ventilated food store was present in only 14 houses or 10% of the total.

The entrance to the stairs in most cases was through a door at one corner of the living room, consequently the foul air from the living room readily found its way up to the bedrooms above. The stairs themselves were generally dark, creaking, with well worn treads and often no handrail, were precipitous, going straight up with a dangerous bend at the bottom and more suited to an animal of the agility of a mountain goat than to human beings.

A bathroom was provided in only two houses out of 141. In only one case was there an internal sanitary convenience and of those outside, there was a W.C. in 61% of cases and a Tipper in 35%. Also ten houses shared five closets. Of these external “conveniences” 17% were near to the back door while 83% varied in distance from ten feet to seventy feet, the majority being over forty feet.

A house should provide the conditions of comfort, health and enjoyment that are needed for the making and the bringing up of a family. These houses had so deteriorated in structure and equipment that they had fallen far behind the rising standards of comfort in the new homes, and fall far short of what any self-respecting housewife should be expected to keep in order.

Generally speaking the houses in these Clearance Areas were kept as clean and tidy as possible under the circumstances. The average housewife takes a pride in her house if it responds to her efforts, but she cannot be expected to deal with dilapidation, dampness, decay, dark rooms, deficient ventilation and lack of modern facilities. It then becomes a constant battle which indirectly lowers the efficiency and morale. Small wonder that the patient housewife at length becomes disheartened and gives up the unequal struggle.

In the past much attention has been focussed on the welfare of the young. This, I believe, was stimulated at the beginning of the present century by the high infant and maternal mortality rates, and the poor physical standard of recruits for the Boer War with a high incidence of preventable conditions among them. Since then there has been a rapid development of the personal services and the work that has been achieved is undoubtedly immeasurable. However, times change and with it a reassessment of these services and a re-adjustment of the work.

Today more and more interest is being taken in the welfare of the aged. This is not only because of their increasing numbers, but also, when care is required it is kinder and more economical for them to be looked after at home than in hospital or a hostel, and with less emotional upset. The accent today is on home rather than institutional care and this is no doubt due to better living conditions, the advancement of medical treatment and the expansion of the social services like the Home Help Scheme. This applies not only to the care of the elderly but also to sick children and adults. It has been said that the success of any health service is in inverse ratio to the number of people who require to be admitted to hospital.

In Stafford the average age for men who died during the year was 63 years and women 71 years. Quite often one hears an elderly wife in the course of conversation wish that "he is taken first because he would be so helpless." It certainly looks as if their prayers are being answered ! The expectation of life today is near to the Biblical standard : "The days of our years are three-score years and ten." Without entering into any discussion on the merits of the various religious beliefs perhaps there is something to be said for the old Hindu adage which divided the span of life into "Twenty years to learn, twenty years to work and twenty years to pray."

One might get the impression that at the present time old people are living longer. This is a misconception. What is happening is that many more of us are attaining the age of sixty-five than was formerly the case, and it is only in this sense that we are becoming an older population. We are still a long way from becoming a nation of centenarians. "Perhaps some of us may not want to achieve treble figures !" This is often a casual statement made by the "younger" generation, but it is a good bet that when their time comes, they will hold on to the threads of life as tenaciously as the present old ones. At any rate we really have little choice in the matter, but I am certain we shall not be as heroic as the people of Grantchester, recorded by Rupert Brooke :—

"And when they get to feeling old

They up and shoot themselves I'm told."

This drastic action is hardly one which could be advocated to solve the problem of housing for old people !

One of the most important aids to attaining that “unhoped serene that men call age” is the provision of carefully planned dwellings, in convenient positions, and at suitable rents within the resources of the old people themselves. In these, old people can lead independent lives up to an advanced age. Independence in their own homes with their own cherished possessions is very dear to old people—as a rule anyone else’s home is second best.

The Council have been very conscious of this problem for some considerable time and many members have shown a considerable insight into and understanding of the problems of old age. In fact some 66 old people’s accommodation have been built and occupied within the last few years, and 217 are in the process of being built or are awaiting approval. As well as this, many elderly occupy ground floor or first floor flats. Recently two schemes have been approved by the Council where there is provision for welfare facilities. These include warden’s living accommodation, a common room, alarm bell installation, sick room suite, laundrette and all necessary furniture. Both these schemes contain two-storey self-contained flats one with 56 units and the other 51 units. It is hoped that the County Council will be generous in their interpretation of what constitutes welfare facilities, as these schemes should help to reduce the long list of applications for admission into their own hostels.

Two-storey self-contained flats are considered to be most suitable for the needs of old folk. This is in contrast to the generally accepted view that old folk should be housed in bungalows. It is based on a visit to some forty old age pensioners where it was found that in only two cases was it necessary for them to have all their requirements on a single floor. Also it is more economical to build two-storey accommodation and it is fortunate that in this case, there is common ground between those whose interests lie in economy and those interested in the health and welfare of the individual.

From Table 3 on page 14 giving the number of deaths during the various months of the year over five years, it can be seen that a greater number occur from October to March than during the other six months. Nevertheless, an appreciable number do occur during our Summer season. Perhaps this is not surprising as there seems to have been little difference between “Summer” and “Winter” during the last few years, except in name.

This not only applies to deaths but is also the accepted view with regard to “rheumatism” with its major and minor aches and pains, the common cold, etc., and conjures up a vision of that depressing side of Winter which is so familiar to us all and so different from the traditional Winter scene beloved by the designers of our Christmas cards. It has been said that they are the price the inhabitants of these Islands have to pay for living in “this sceptred isle.”

What is the connection between the climate and these medical conditions? When discussing 'Winter' it is cold which first and foremost comes to mind as the most important contributing factor. Nevertheless, this does not appear to be the whole story, as, for example, the rheumatic diseases are said to be rare among people of the far North such as the Eskimos, just as the incidence is equally low in the tropics.

Humidity is another factor. Here again every country in the world seems to have its own pet spot to achieve a "cure" for the various aches and pains. Some nations prefer the moist coastal areas, others choose a mountainous area, while a group of opulent wanderers travel widely into foreign countries seeking relief. Climatic conditions, however, do have an effect upon the human body, but in just what way is too little known. In other words, dampness has been generally accepted as having an evil influence upon the human body, as is well realised by those suffering from certain forms of rheumatism.

There is, however, another important factor. The intensity of pains and aches at any time may well be dependent on what is generally termed "morale." This has been defined as 'the sum total of all those factors determining physical, mental, and emotional well-being.' Morale is very important and reflects our outlook to a remarkable extent. It is itself much influenced by physical factors such as the brightness of the day, the warmth of the atmosphere, and the ease with which locomotion can be carried on. The sight of growing and flowering vegetable life is uplifting to morale whilst the news of an ill relative or friend is correspondingly lowering. Thus it is that during the dark, cold and often wet weeks of January and February, when one's friends or associates are ill, when the trees are bare and no birds sing, some degree of depression with introspection may be induced so that minor pains and aches take on an ominous significance, and, as their intensity increases, the victim is found hurrying to the doctor in search of a diagnosis and cure. Then it is that the Summer molehill of discomfort can so easily become the Winter mountain of unbearable pain or even death. In the words of the poet T. Noel :—

“ Old Winter, sad, in snowy clad  
Is making a doleful din :  
But let him howl till he crack his jowl  
We will not let him in.

Let his baleful breath shed blight and death  
On herb and flower and tree :  
And brooks and ponds in crystal bonds  
Bind fast, but what care we ? ”

Some recent investigations into the "Common Cold" about which we know so little but suffer too often from its effects, are rather interesting. Dr. Simpson in a recent paper has disclosed

some enlightening facts. First of all, are the symptoms which we associated with it common, and are they associated with cold? There is little doubt that they are common and this is borne out by statistics from general practitioners on the most common ailments treated by them. In fact the common cold tops the table and this takes into account only those who consult the doctor and not those who have more faith in their own "home" remedies. Regardless of these "amateur physicians" it still holds pride of place among the common ailments and so it can be recognised as common. In Dr. Simpson's volunteers the average number of colds per person per year was seven, averaging ten days each. It is rather interesting that Dingle and his co-workers using a similar method obtained an almost identical figure for a comparable group in Cleveland, Ohio, U.S.A. in 1947-50.

How is it related to cold? Here the interest arises because a cold atmosphere in itself is not enough, as shown by the comparative absence of colds in polar explorers, in patients on verandas in sanatoria although they are already frail and feeble, and the lower incidence in outdoor workers as opposed to indoor workers. Also, it has been demonstrated that exposure of volunteers to low temperatures does not result in colds.

Nevertheless, it was found that there was a definite relationship between the seasonable temperature and the incidence of colds, to the extent that the lower the temperature as in Winter months, the higher the number of colds, and as in the Summer the higher the temperature the fewer the colds. In fact it seemed that the temperature had only to drop 1°F. and the incidence of colds grows by 1 per cent.

After much search, suspicions were aroused concerning the humidity of the atmosphere, i.e., the dryness or evaporating power of the air. It has been shown that outdoor this varies little between Summer and Winter. But when, for example, a one-bar electric fire is switched on in a room, as the temperature rises so the moisture of the air falls considerably. Consequently, for most of the year the air indoors is much drier than the outdoor air and the difference in humidity shows a rather close relationship to the incidence of colds.

In other words, increased colds and increased dryness of the indoor air due to artificial heating run closely parallel. "As the indoor air becomes more moist and cool throughout the Spring and early Summer, the colds decline to a diminutive proportion when the artificial heating ceases. With the approach of Autumn however and the lighting of fires, a progressively intense drying of the air is closely followed by a steep rise in respiratory diseases."

It is suggested that it is this drying action on the lining of our throat and nose which renders it more susceptible to invasion by germs and hence colds. This hypothesis can be given some support as Dr. Simpson quotes how Lassen in Denmark, when treating bulbar palsy produced by poliomyelitis with positive pressure

respiration, found that unless the gases were fully saturated with water vapour, the patients developed respiratory infections. Also, even today, with our formidable armament of sulphonamides and antibiotics an important part of the treatment of "croup," a complication of upper respiratory catarrh in some children, is a steam tent or other measures for increasing the humidity of the air.

And so as artificial heat is introduced into homes and offices for our comfort, it looks as if by solving one problem, another is created. Perhaps there is a lot to be said for the open fireplace which is dependent for its efficiency on an exchange of air drawn in from outside. We must, however, be careful to use "smokeless fuel" in an "approved grate" or else a smoke nuisance would be created which again, amongst other things, can precipitate respiratory infections.

In the Civil Tables of the Registrar General's review for 1956 are statistics which might be headed "Dangerous Ages." It states that the most common age for marriage continued to be 23 for men and 21 for women. Of the 352,944 marriages the men were aged 16 in 120 cases and the women in 2,681 cases. In 45 cases both bride and bridegroom were 16. There were 142 marriages where the bride and bridegroom were both 75 or over. There were more divorces when both husband and wife were aged 30 to 34 than when they were of any other combination of ages.

Having been warned about the dangers to life and the "dangerous ages" it is time to end with these thoughts in mind.

My sincere thanks are due to the Chairman and Members of the Public Health Committee for their help and consideration during the year.

I am also very grateful for the willing assistance and co-operation given by the Chief Public Health Inspector and all other members of the Staff. It is chiefly because of this that we maintain a high standard of efficiency within the Department.

W. D. H. McFARLAND.  
Medical Officer of Health.

# REPORT

## VITAL STATISTICS

### Births

Live Births :

		Males	Females	Total
Legitimate	.....	343	313	656
Illegitimate	.....	10	14	24
		<u>353</u>	<u>327</u>	<u>680</u>

### Birth Rate

The Birth Rate is 16.20 per 1,000 estimated population.

### Deaths

	Males	Females	Total
Deaths from all causes	207	220	427

### Death Rate

The Death Rate is 10.17 per estimated 1,000 population.

### Principal Causes of Death

The principal causes of death, together with the percentage of total deaths are given as follows :—

Heart Disease	.....	25.07%
Cancer	.....	16.24%
Bronchitis and Pneumonia		9.64%

### Cancer of Lungs

There were 15 cases—14 males and 1 female. The average age at death was 58 years.

### Cancer

The average age of persons dying from all forms of Cancer was 63 years, 66 people died from this disease.

**Table No. 1—Death Rates and Average Age of Deaths**

Year	Average Population	Average No. of deaths per year	Death Rate per 1,000	Average age at Death—Years	
				Male	Female
1885-87	19,614	275	14.054	30	31
1888-90	19,171	237	12.37	25	37
1891-93	18,579	270	14.53	31	34
1947-49	33,946	380	11.21	60	64
1950-52	40,306	392	9.73	64	63
1953-55	40,993	512	12.50	63	69
1956	41,420	505	12.19	65	67
1957	41,960	427	10.17	63	71

**Table No. 2 Age and Incidence of Death.**

	Males	Females	Totals	Percentages
Under 4 weeks	7	5	12	2.83
4 weeks—1 year	3	1	4	.93
1—4 years	1	—	1	.23
5—14 years	1	—	1	.23
15—24 years	3	1	4	.93
25—34 years	2	3	5	1.17
35—44 years	5	5	10	2.34
45—54 years	13	17	30	7.02
55—64 years	38	27	65	15.22
65—74 years	65	61	126	29.50
75—84 years	56	64	120	28.10
85—94 years	12	33	45	10.53
95—100 years	1	3	4	.93
100+ years	—	—	—	—

**Table No. 3 Number of Deaths per month—Years 1953—1957.**

	1953	1954	1955	1956	1957
January .....	53	55	64	43	37
February .....	64	56	63	59	26
March .....	60	47	70	56	26
April .....	44	31	44	38	33
May .....	42	33	32	48	34
June .....	35	39	36	21	34
July .....	42	35	27	29	23
August .....	27	36	35	36	32
September .....	31	25	39	43	42
October .....	38	38	28	44	53
November .....	43	43	40	36	43
December .....	52	46	44	52	44

### Infant Deaths (under 1 year of age)

			Males	Females	Total
Legitimate .....	.....		11	4	15
Illegitimate .....	.....		0	1	1
			<hr/>	<hr/>	<hr/>
			11	5	16
			<hr/>	<hr/>	<hr/>

### Infant Mortality Rate

23.53 of all infants per 1,000 births.

22.05 of all legitimate infants per 1,000 live births.

**Infant Deaths (under 4 weeks of age)**

			Males	Females	Total
Legitimate	.....	.....	8	3	11
Illegitimate	.....	.....	0	1	1
			-----	-----	-----
Totals			8	4	12
			-----	-----	-----

The Death Rate is 17.65 per 1,000 live births  
0.38 per 1,000 population.

**Still Births**

			Males	Females	Total
Legitimate	.....	.....	7	9	16
Illegitimate	.....	.....	1	—	1
			-----	-----	-----
			8	9	17
			-----	-----	-----

**Still Birth Rate**

The Still Birth Rate is 24.38 per 1,000 (live and still) births  
0.40 per 1,000 population.

**Causes of Infant Mortality**

UNDER FOUR WEEKS

Prematurity	.....	.....	.....	.....	.....	.....	5
Asphyxia	.....	.....	.....	.....	.....	.....	3
Cardio-respiratory failure			.....	.....	.....	.....	2
Congenital heart disease			.....	.....	.....	.....	1
Anencephalus	.....	.....	.....	.....	.....	.....	1

FOUR WEEKS TO TWELVE MONTHS

Accidental	.....	.....	.....	.....	.....	.....	1
Asphyxia	.....	.....	.....	.....	.....	.....	1
Leukaemia	.....	.....	.....	.....	.....	.....	1
Paralytic ileus	.....	.....	.....	.....	.....	.....	1

## GENERAL STATISTICS

Area of Borough (acres) .....	5,089
Registrar-General's estimate of population mid-1957 .....	41,960
Number of inhabited houses (end of 1957) according to rate books .....	12,710
Rateable Value (31st March, 1957) .....	£542,358
Sum represented by a penny rate (1956-57) .....	£2,240
The total of 12,710 inhabited houses is made up as follows :—	
Houses .....	12,369
Licensed Houses .....	76
Farm Houses .....	18
Shops with living accommodation .....	247

## SOCIAL CONDITIONS OF THE AREA

The following survey of the Social Conditions existing in Stafford has kindly been supplied by the Manager of the Employment Exchange.

Approximate numbers employed in the principal industries and services in Stafford are as follows :—

Industry	Males	Females	Total
Engineering (all types) .....	9,340	2,360	11,700
Shoe Manufacture .....	840	1,110	1,950
Local Government Service (including Education) .....	1,810	1,830	3,640
Distributive Trades .....	840	1,160	2,000
Abrasives and Cast Concrete Products	1,300	390	1,690
Transport and Communications .....	1,300	220	1,520
Building and Civil Engineering .....	1,340	40	1,380
Agriculture and Forestry .....	1,020	160	1,180
Salt Production .....	340	80	420
Gas and Electricity Supply .....	320	30	350
Sawmilling and Machine Woodworking	160	30	190
Printing .....	80	40	120
Chemical and Oil Products .....	250	120	370
Wood Heel and Last Manufacture .....	60	40	100

### Social Services

The following voluntary associations concern themselves with the aged :—

The Stafford Council of Social Service for whom Mr. B. Wilson is Hon. Secretary and who has given me the following report on the activities of this service :—

“ When the Stafford Council of Social Service was formed in 1954, it was decided that its first work should be for the

benefit of old people. This work has expanded during the past year. Between 40 and 50 old folks have been visited regularly in their homes ; people who would otherwise be bearing the great burden of loneliness. It is pleasing to note the genuine warm friendship that has grown up on both sides, between the visitors and those they visit.

A successful " Forget-me-not-Day " for the benefit of old people has given the Council funds from which grants have been made to six Old People's Clubs, and further grants are being made to individuals to meet special needs.

It was felt that the time had now arrived when the Council might widen its scope, and as a preliminary to this, several other organisations and holders of office have been invited to membership, and have accepted. The Council is now fully representative of all the various services of a social nature that enrich the life of the town.

One function of the Council is to act as a promotional body. Under its auspices, a League of Hospital Friends has been successfully launched during the year and will now proceed with an independent existence."

The British Red Cross Society. The County Secretary, Mrs. E. M. Bate, has given me a brief account of the Society's " Over Sixties Club."

" The " Over Sixties Club " meets on Wednesdays at County Headquarters, there are approximately 40 members.

Sick and infirm members are regularly visited by the Chairman (Miss Addison) and a Bring and Buy Sale is held annually to provide funds for a Christmas party and coach outings in the Summer.

A Foot Clinic is held once a month for the convenience of the club members, blind people and other elderly people, who for various reasons are granted this facility. At this clinic one of our members is always in attendance.

The Club has very many willing helpers to whom we are all greatly indebted."

The Stafford Old Folks Welfare Club. The following report has been received from the Secretary of this Club.

" Meetings are held every month. A Chiropodist attends and visits are paid to the homes of individuals. Help is given towards " Meals on Wheels." At the meetings, a tea is provided and entertainment given. During the Summer months coach tours are arranged."

There are in addition the Women's Voluntary Service, " The Littleworth Old Pensioners Club " and " The Pennycrofts Residents' Voluntary Service," " Darby and Joan Club " and others.

## **GENERAL PROVISION OF HEALTH SERVICES**

### **Laboratory Facilities**

During the year 1,865 reports were received at this office from the Public Health Laboratory, where bacteriological examinations are carried out.

Once again I would like to thank Dr. Mackay-Scollay for his wholehearted co-operation.

### **Ambulance Service (Staffordshire County Council)**

The Beeches, Stone Road, Stafford.

### **Ante-Natal Clinic (Staffordshire County Council)**

At Welfare Centre, North Walls.

### **Home Help (Staffordshire County Council)**

The number of Home Helps employed is 43.

### **Immunisation (Staffordshire County Council)**

At Infant Welfare Centre or by Family Doctor.

### **Welfare Centre (Staffordshire County Council)**

The Maternity and Child Welfare Centre, North Walls.

A new Centre is being built on the Rising Brook Estate.

### **Clinics (Staffordshire County Council)**

School Clinic, Lammascote Road, Stafford.

Orthopaedic Clinic, Welfare Centre, North Walls, Stafford.

Chest Clinic, Staffordshire General Infirmary.

### **Maternity Home (Hospital Management Committee, Foregate Street)**

Burton House, Moss Pit, Stafford.

### **Hospitals**

Staffordshire General Infirmary, Foregate Street.

Fernleigh, Marston Road.

St. George's Hospital, Gaol Square, Stafford.

### **Venereal Diseases**

Staffordshire General Infirmary.

# PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

## Diphtheria

During the year no case of Diphtheria was reported.

Immunisation is the responsibility of the County Council, who have kindly supplied statistics for the Borough.

**Table No. 4    Diphtheria Immunisation, 1957.**

School	Primary	Re-inforcing
St. Leonard's Avenue, Infants .....	4	42
St. Leonard's Avenue, Junior .....	1	50
St. Austin's .....	4	30
Forebridge .....	4	24
Corporation Street, Infants .....	30	47
Corporation Street, Girls' .....	1	86
Corporation Street, Boys' .....	6	130
Littleworth .....	12	27
Tenterbanks .....	19	98
Holmcroft .....	15	18
Northfield .....	14	24
St. Patrick's Secondary Modern .....	3	24
St. Patrick's Primary.....	7	29
Flash Ley, Infants .....	27	50
Flash Ley, Junior .....	4	68
Silkmore .....	21	47
Highfield, Junior .....	4	26
Highfield, Infants .....	21	64
Burton Manor .....	10	57
Riverway .....	5	126
Dartmouth Street .....	3	125
Rising Brook .....	9	244
King Edward VI .....	2	74
Girls' High School .....	1	90
Outside Schools .....	2	7
Welfare Centre .....	68	2
School Clinic .....	—	1
Private Doctors .....	267	115
	564	1,725

There have been no cases of Diphtheria in the Borough of Stafford during the last six years. The following table gives an indication of our state of immunisation :—

Table No. 5

	Number of Children Immunised		Number of babies born during preceding year minus deaths under 1 yr.
	Primary	Re-immunised	
1949 .....	516	286	676
1950 .....	412	259	739
1951 .....	550	528	615
1952 .....	469	482	677
1953 .....	462	212	658
1954 .....	604	571	655
1955 .....	411	302	653
1956 .....	485	457	607
1957 .....	564	1,725	646

To obtain some idea of the proportion of children immunised a rough and ready way is to compare the number of primary immunisations with the number of births for the preceding year, who survived that year. This has been done in the table and gives a percentage for the year 1957 of 87 immunised. Looking at it another way, from 1947 to 1956 there were 6,675 babies born and from 1948 to 1956 there were 5,005 immunisations giving a percentage of 76, and 3,361 re-immunisations giving a percentage of 50.

Table No. 6 Infectious Diseases Notified In 1957

NOTIFIABLE DISEASES	Cases at all ages	Deaths	Case distribution as to Wards					Under 1 year	1—5	5—15	15—25	25—45	45—65	65 and over
			North	South	East	West	Baswich							
Scarlet Fever .....	29	—	6	2	5	8	8	—	6	23	—	—	—	—
Pneumonia .....	10	—	2	2	5	—	1	2	1	1	—	—	3	3
Measles .....	505	—	77	75	99	97	157	4	232	266	1	1	1	—
Whooping Cough .....	180	—	21	30	16	34	79	6	82	91	—	1	—	—
Dysentery .....	35	—	4	9	1	3	18	—	9	17	6	2	1	—
Food Poisoning .....	4	—	—	—	3	1	—	1	1	2	—	—	—	—
Polioomyelitis .....	4	—	1	1	—	—	2	—	1	1	—	2	—	—
Erysipelas .....	1	—	—	—	—	1	—	—	—	—	—	—	1	—
Tuberculosis .....	24	5	2	3	4	10	5	—	—	1	4	6	10	3
Para-Typhoid .....	1	—	—	—	—	1	—	—	—	1	—	—	—	—
Puerperal Pyrexia .....	1	—	1	—	—	—	—	—	—	—	1	—	—	—

## **Dysentery**

Of the 35 cases notified, 23 occurred between January and March. In 24 instances children under the age of 9 were affected. Three adults suffered from the infection.

All school contacts were excluded from school and the parents advised on isolation. Three negative faecal samples were obtained before patients and contacts were allowed back to school.

## **Scarlet Fever**

The majority of cases occurred during the first and last quarters, 24 of the 29 cases were of children under 9 years of age. There were no deaths and in two instances more than one case occurred in a family.

## **Puerperal Pyrexia**

One case, which occurred in Hospital, was reported.

## **Erysipelas**

One case, a middle aged female, occurred in an institution.

## **Pneumonia**

Of the ten cases notified, four occurred in Institutions. Six were elderly people, three babies under 1 year and one a child of  $4\frac{1}{2}$  years.

## **Food Poisoning**

Four cases were notified and all occurred in young children. All proved to be positive *Salmonella Typhi-murium*.

## **Whooping Cough**

As against fifty cases in 1956, 180 notifications were received, of these 109 occurred in the first quarter.

## **Measles**

There were 505 cases notified, an increase of 466 over the previous year, the peak period was in mid-June when 65 cases were notified in one week. They were in no particular district and with the exception of three, all cases occurred in children between the age of 1 and 14. Most cases were of a mild character.

## **Poliomyelitis**

Four cases of Paralytic Poliomyelitis were notified. Two were adult males of 26 and 28. One was a female aged  $7\frac{1}{2}$  and the fourth a boy of 3. Three cases were removed to hospital and the fourth was treated at home.

# Tuberculosis

Twenty-four cases were notified as against 16 last year—there were five deaths. I give below details of notified patients :—

TABLE No. 7

		AGE IN YEARS			
		5-25	25-45	45-65	65 +
Pulmonary	Male	2	4	9	1
	Female	3	1	1	2
Non-Pulmonary	Male	1	—	—	—
	Female	—	—	—	—

The “ Balance Sheet ” for the T.B. Register is as follows :—

On Register at Jan. 1st	186	Deaths	.....	.....	.....	5
Notifications	.....	24	Recovered	.....	.....	26
Transfers-in	.....	13	Transfers-out	.....	.....	19
			On Register at Dec. 31st.			173
	223					223

Admissions to and discharges from Institutions were notified as follows :—

	Admissions	Discharges
Groundslow Sanatorium	6	5

# Housing

Mr. Higson, the Borough Surveyor, has kindly supplied the following information regarding the building of Corporation Houses and those built by private enterprise.

*Houses erected between 1/1/57 and 31/12/57*

## By the Corporation—

Number of Houses erected in 1957	.....	.....	304
Total number of permanent houses erected since 1945	.....	.....	2,670
Total number of temporary dwellings erected			225
<b>By Private Enterprise</b>	.....	.....	337

**Table No. 8—Summary of Defects—Clearance Areas Nos. 24, 25, 26 (New Street, Browning Street, Cottage Street, Friars Street, Cross Street, Fancy Walk and Grey Friars)**  
**Total No. of Houses—141**

<b>Dampness</b>	139 houses or <b>98%</b>	show dampness in varying degrees, either penetrating or rising, in many cases both.
<b>Inadequate Natural Lighting</b>	98 houses or <b>70%</b> 44 houses or <b>31%</b>	in one or more bedrooms. in living room.
<b>Insufficient Ventilation</b>	110 houses or <b>78%</b> 60 houses or <b>43%</b>	in one or more bedrooms. in living room.
<b>Sanitary Convenience</b>	1 house or <b>0.7%</b> 86 houses or <b>61%</b> 49 houses or <b>35%</b> 10 houses share 5 24 houses or <b>17%</b> 116 houses or <b>83%</b>	Internal W.C. External W.C. External Tipper 5 sanitary conveniences—one for each pair. Sanitary Convenience at Back Door. Sanitary Convenience 10ft-75ft. away. Mostly over 40ft.
<b>Kitchen Facilities</b>	127 houses or <b>90%</b> 86 houses or <b>61%</b> 55 houses or <b>39%</b> 7 houses or <b>5%</b>	No proper ventilated Food Store. Antiquated, brown, chipped, shallow sink, with cold running water. Modern glazed sink. Running hot water to sink.
<b>Bad Arrangement</b>	139 houses or <b>99%</b> 2 houses or <b>1.4%</b> 18 houses or <b>13%</b> 125 houses or <b>89%</b>	Direct access from foot-path to living room. In the majority of cases there is a through draught from the front door through the back of the living room and across the living room to the stairs. In majority of cases the stairs lead directly off the living room and foul air from living room readily finds its way to bedrooms. Fitted Bath. No secondary access—Coal and dustbins through front door. Share yard space.

## MEDICAL EXAMINATIONS, 1957

The following table gives the number of medical examinations carried out by the Medical Officer of Health on employees of the Corporation. These examinations cover the Sick Pay and Superannuation Schemes.

**TABLE No. 9**

Sick Pay		Superannuation	
Males 6	Females —	Males 40	Females 12
TOTAL—58			

### Public Health Propaganda

Four Notice Boards have been erected during the course of the year on which appropriate posters covering a wide range of health propaganda have been displayed.

Many talks have been given by members of the Staff to various organisations and to schools.

A stand was provided by the Health Department at the June Dairy Festival. The work of the department was illustrated with regard to the taking of samples, inspections and precautions necessary to ensure clean milk. A pamphlet was distributed to the public indicating the food value of milk and the bacteriological and chemical examinations undertaken to ensure the cleanliness of milk and its proper composition.

### Royal Brine Baths

The Baths Superintendent has supplied the following report on the activities at the Baths during the year :—

“ The Fresh-water swim held its own irrespective of the inclement weather.

Swimming Baths were used for school instruction to the utmost capacity, a full programme being carried out both Summer and Winter season.

A slight decrease continued in private warm baths owing to the rehousing programme.

Patients were sent for brine treatment through the hospital scheme, but the numbers were not large.”

During the year the following attendances were made :—

Swimming	.....	.....	73,597
Schools	.....	.....	47,578
Warm Baths	.....	.....	21,828
Brine Swim	.....	.....	5,113
Private Brines	.....	.....	4,344

**Mortuary**

The following bodies were admitted to the Mortuary :—

22	Borough Residents
3	Non-residents who died in the Borough
11	Brought in from outside Borough
2	Borough residents who died outside Borough
—	Non-civilians
—	
38	
—	
24	Post-mortem examinations

**Table No. 10**

**Registrar-General's Short List of Causes of Death**

	TOTAL	Males	Females
Tuberculosis of respiratory system .....	3	2	1
Other forms of Tuberculosis .....	1	—	1
Other infective and parasitic diseases .....	2	—	2
Malignant Neoplasm of Lung Bronchus .....	15	14	1
Malignant Neoplasm Stomach .....	11	8	3
Malignant Neoplasm Breast .....	6	—	6
Malignant Neoplasm Uterus .....	3	—	3
Other Malignant and Lymphatic Neo- plasms .....	29	13	16
Leukaemia, Aleukaemia .....	2	1	1
Diabetes .....	3	—	3
Vascular Lesions of Nervous System .....	47	13	34
Coronary disease, angina .....	63	33	30
Hypertension with Heart disease .....	8	3	5
Other Heart Disease .....	87	40	47
Other Circulatory Diseases .....	12	5	7
Influenza.....	7	4	3
Pneumonia .....	8	4	4
Bronchitis .....	33	18	15
Other diseases of the Respiratory system .....	5	2	3
Ulcer of Stomach and Duodenum .....	8	7	1
Nephritis and Nephrosis .....	3	2	1
Hyperplasia of Prostate .....	4	4	—
Gastritis, Enteritis and Diarrhoea .....	2	1	1
Pregnancy, Childbirth, Abortion .....	1	—	1
Congenital malformations .....	6	2	4
Other defined and ill-defined diseases .....	40	17	23
Motor Vehicle Accidents .....	7	6	1
All Other Accidents .....	6	4	2
Suicide .....	5	4	1
TOTAL DEATHS .....	427	207	220

**Table No. 11—Births and Stillbirths**

Year	Total Births	Birth Rate	Total Still Births	Still Birth Rate	Birth Rate for England and Wales
1948	686	18.2	23	32	19.2
1949	755	19.5	17	22	18.0
1950	638	15.9	17	25	16.8
1951	701	17.4	19	20	16.7
1952	674	16.54	9	13	15.5
1953	672	16.5	17	24	15.7
1954	674	16.46	20	28	15.04
1955	627	15.18	17	26	15.0
1956	668	16.13	15	22	15.7
1957	680	16.20	17	24	16.1

**Table No. 12**  
**Infant Mortality for 1957 and Previous Nine Years**

Year	Live Births	Under one month		Under one year	
		Deaths	Rate per 1,000 births	Deaths	Rate per 1,000 births
1948	686	11	16	19	27
1949	755	11	14	16	21
1950	638	6	9	13	20
1951	701	16	22.8	24	34.2
1952	674	12	17.8	16	23.7
1953	672	9	13.4	17	25.3
1954	674	12	17.8	21	31.2
1955	627	14	22.3	20	33.3
1956	668	14	20.9	22	32.9
1957	680	12	17.6	16	23.5

# REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

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In writing the following sections of this report detailing the inspections carried out by the Public Health Inspectors during the year, I would again stress that we have been hampered by the absence of one of the Additional Public Health Inspectors serving in H.M. Forces.

The statistics in the report cannot show the amount of time that is taken up by the detailed inspections of houses for the purpose of proving their unfitness or otherwise. There is also a great deal of clerical work involved.

It will be noticed that as well as three Clearance Areas being represented 29 individual houses were considered to be unfit for human habitation during the year, and demolition orders were served. As well as this, 30 Improvement Grants were approved. Attention is drawn to the fact that the total value of the work was £11,606 4s. 6d., and the grant allowed totalled £4,875 0s. 0d. Since the commencement of the Scheme 138 applications have been completed and this is considered to be a commendable effort. It is regretted though, that owners do not take advantage of this excellent way of modernising their houses and bring them up to standard.

In the report for 1956, mention was made regarding the completion of a section of our closed market for the sale of foods. Although there was a fair amount of opposition against the scheme the result, after 12 months in use, has proved beneficial to the traders and not least to the general public who purchase foods from our market.

One cannot let this report be published without mentioning the food premises that have been re-designed to a high standard.

Without any question whether the regulations insisted on a closed shop front or not, a fish retailer completely modernised his premises incorporating one.

Similar up-to-date methods of exposing foods for sale have been carried out in grocery and butchers premises in the Borough.

There is no doubt that the public will appreciate the efforts made not only to comply with the Food Hygiene Regulations, but in the implementation of the general clauses that were in the minds of the legislators in framing the regulations which included the clean handling, exposing and depositing foods so as to prevent contamination from any source.

The Minister of Health in a Circular attached to the Food and Drugs Regulations, 1955, states : “ Food hygiene is recognised in the food and catering industries as sound commercial practice serving their own business interests as well as the public health.”

In anticipation of regulations to be made as to the dressing of carcasses in slaughterhouses, the owners of the two slaughterhouses in the Borough ordered stunning pens which were installed before this report was published. Other improvements are in progress and at the largest premises a pre-cooling room is being built.

## SANITARY CIRCUMSTANCES OF THE AREA

### Sanitary Inspection of the Area

The following tabular statement contains the number and nature of inspections made during the year by the Public Health Inspectors together with the number of notices served and the result of such notices.

	No. of Inspection s	No. of Notices			
		Informal 1	Statutory 2	Complied with	
				1	2
To dwellinghouses .....	943	129	—	98	—
Verminous Houses .....	15	—	—	—	—
Sanitary Conveniences .....	76	32	—	32	—
House Drainage defects	357	30	—	30	—
Receptacles for house refuse .....	630	—	—	—	—
Accumulation of refuse.....	16	10	—	10	—
Overcrowding .....	10	—	—	—	—
Water Supply .....	27	—	—	—	—
Factories, including bake- houses and food pre- paring premises .....	151	10	—	9	—
Slaughterhouses .....	1,039	9	—	9	—
Shops where food is sold	263	70	—	60	—
Fried Fish Shops .....	42	6	—	4	—
Offensive Trades .....	12	—	—	—	—
Dairies .....	33	—	—	—	—
Piggeries, etc. ....	47	9	—	9	—
Market .....	62	—	—	—	—
Ice Cream Shops .....	12	—	—	—	—
Cafes and Canteens .....	25	10	—	8	—
Public Houses .....	12	—	—	—	—
Visits to notifiable diseases .....	170	—	—	—	—
Smoke observations .....	65	2	—	—	—
Other nuisances .....	87	6	—	6	—
Rehousing of families	47	—	—	—	—
Caravans .....	37	—	—	—	—
Refuse Tips .....	20	—	—	—	—
Pet Shops .....	10	—	—	—	—
Housing Acts (Improve- ment Grants) .....	320	25	—	18	—
Number of food samples purchased for analysis	386	—	—	—	—

### Water Supply

With the exception of a few houses with domestic water supply from taps in wash-houses, every house in the Borough has an internal water supply.

The following report regarding the Town Water Supply has been furnished by the Water Engineer.

“ Water consumption for the year ended 31st March, 1958, within the area supplied by the Corporation’s Water Undertaking amounted to 939,107,000 gallons, an increase of approximately 60 million gallons over the previous year.

Domestic consumption is now averaging 24.17 gallons per head per day and Trade consumption 25.31 gallons per head per day.

Approximately 700 new houses have been connected to the system during the 12 months ending 31st December, 1957.

A little over 10 miles of new mains have been laid during the last 12 months principally in the Eastern Area of Stafford Rural District, this figure excluding the 15-inch Trunk Main from Gnosall to Butterhill Reservoir which is approximately 6 miles in length and which will be completed within the next few weeks.

The construction of Butterhill Reservoir has proceeded very slowly but it is hoped that it will be completed and ready for use by the end of 1958.

Both Milford and Shugborough Pumping Stations have continued to operate satisfactorily during the year and no difficulty has been experienced in meeting the increased demand.

The estimated population supplied has been increased to 54,000 from the 1st April, 1958.”

The County Analyst states that “ Samples of the Town Water Supply have been regularly examined throughout the year and no solvent action on lead has been detected.”

	SAMPLE FROM		
	Sample taken within Borough September Quarter	Shug-borough Well September Quarter	Milford New Well No. 2 September Quarter
	Parts per 100,000		
pH Value .....	7.1	7.4	7.4
Total solid matter dried at 212°F	41.0	27.0	49.0
Free and Saline Ammonia .....	0.0004	Nil	Nil
Albuminoid .....	Nil	Nil	0.0008
Nitric Nitrogen .....	0.8	2.0	0.5
Chlorine present as Chloride .....	1.9	2.9	10.3
Oxygen absorbed in 4 hrs. at 80°F	Nil	0.004	0.020
Appearance .....	Clear and colourless	Clear and colourless	Clear and colourless
Injurious Metallic contamination	Nil	Nil	Nil
Total Hardness .....	23.8°	9.1°	17.9°
Permanent Hardness .....	9.2°	6.6°	8.5°
Temporary Hardness .....	14.6°	2.5°	9.4°

## Drainage and Sewerage

The Borough Engineer has kindly supplied me with the following information :—

Surface Water Sewers : 3,600 lineal yards at Tillington Estate, Baswich Crest, Greenfield Road, Trinity Fields Estate, Wimpeys Weeping Cross Estate and Crab Lane.

Foul Water Sewers : 3,057 lineal yards at Tillington Hall Estate, Trinity Fields Estate, Weeping Cross, Wimpeys Housing Estate and Tixall Road Main Drainage Scheme.

## Sewage Disposal Works

The New Sewage Disposal Works which have now been functioning for a year, are taking approximately two million gallons per day on an average and dealing with the whole of the flow from the Borough.

The Rural District have not yet completed their scheme and connected to the new works.

Only minor troubles have arisen during the past year and the works are now gradually settling down and giving an increasingly better effluent.

## Factory Act, 1937

### 1. — Inspections

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
(i) Factories in which sections, 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	21	10	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .....	152	32	3	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	16	—	—	—
TOTAL .....	189	42	5	—

## 2. — Defects Found

Particulars	Number of cases in which defects found				No. of cases in which prosecutions were instituted
	Found	Re-medied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness .....	4	4	—	—	—
Overcrowding .....	—	—	—	—	—
Unreasonable temp. ....	—	—	—	—	—
Inadequate ventilation .....	1	1	—	—	—
Ineffective drainage of floors .....	1	1	—	—	—
Sanitary conveniences :—					
(a) Insufficient .....	1	—	—	—	—
(b) Unsuitable or defective .....	3	3	—	—	—
(c) Not separate for sexes .....	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) .....	—	—	—	—	—
TOTAL .....	10	9	—	—	—

### Prevention of Damage by Pests Act, 1949

The number of premises treated during the year were as follows :—

	Local Authority Properties		Business Premises		Dwelling houses (inc. Council Houses)		Total Premises
	Rats	Mice	Rats	Mice	Rats	Mice	
Number Treated	18	6	33	22	116	30	225
Visits	108	31	192	97	534	79	1041

The amount of poison bait eaten by rats and mice was approximately 17 cwts. 43½ lbs.

## HOUSING

The Housing (Development) Committee considered reports on three Clearance Areas by the Medical Officer of Health.

The three areas comprised of a total of 141 houses situated in Browning Street, New Street, Friar Street, Cross Street, Cottage Street, Fancy Walk and Grey Friars.

The Council resolved to secure the clearance of the areas by purchasing the land comprising the three Clearance Areas and themselves undertaking, or otherwise securing, the demolition of the buildings thereon.

The Minister of Housing and Local Government confirmed without modification the Clearance Order in respect of numbers 1 and 5, 6, 7, 8, 9, 10, 11, 12, 13, Stafford Street.

The following houses were represented as unfit for human habitation under Section 16 of the Housing Act and Demolition Notices were served :—

10, 11 and 12, St. Chad's Place  
4 and 5, Tipping Street  
1, 2, 4 and 6, Queen Street  
24, 26 and 27, South Walls  
8, 9, 10 and 11, Bull Hill  
86, Foregate Street  
19, North Walls  
26 and 27, Browning Street  
13, Duke Street  
8, Sandon Road  
16, Broad Street  
26, 27, 28, 29, 30, 31, Mill Street

The undermentioned 45 unfit houses were demolished during the year :—

17, 18, 19, 20, 21, 22, 23, Grey Friars Place  
46, 47, 48, 49, 50, 51, 52, 53, 54, Tenterbanks  
153, 154, 156, North Walls  
40, Weeping Cross  
3, 4, 4a, Queensville  
Lock House, Baswich  
153, 155, 157, Eccleshall Road  
1 and 2, Queen Street  
24, 25, 26, 27, South Walls  
6 and 7, Clarke Street  
2, Broad Eye  
69, 70, 71, 72, 73, 74, 75, 76, South Walls  
1, Castle Yard, Eastgate Street

As a result of notices served for repairs to houses, the owners of Nos. 30 to 43, Common Road (14 houses) and Nos. 9, 10 and 11, Victoria Street, were not in a financial position to comply with these notices, with the result, the properties were offered to and purchased by the Corporation.

### **The Rent Act, 1957—Certificates of Disrepair**

The coming into operation of the above-mentioned Act placed again further additional work on the Department.

There were 58 applications received and the Committee, on consideration of reports, issued 58 certificates.

## **Housing Repairs and Rents Act, 1954—Improvement Grants**

Your Chief Public Health Inspector was made responsible for submitting to the Housing (Management) Committee, applications for grants towards improvements.

During the year 44 applications were received, 30 completed, 1 refused and 1 withdrawn.

The total value of the work involved was £11,606 4s. 6d., and the grant allowed totalled £4,875 0s. 0d.

Since the commencement of the scheme 138 applications have been completed.

### **Moveable Dwellings**

In 16 instances applications for licences were received and permission granted to site trailer caravans for a limited period.

It is hoped that trailer caravans as permanent dwellings for a family unit, will soon, as a means of accommodation within the Borough, be unnecessary.

### **Disinfestation of Houses**

Corporation and private houses numbering 25 have been disinfested for infectious diseases, vermin infestations and where tenants have moved to new houses.

### **Closet Accommodation**

There are approximately 483 waste water closets in the Borough and 24 pail closets.

The number of waste water closets substituted during the year was 17 and a grant of 50 shillings was available to encourage owners of property to abolish this type of obsolete and insanitary closet.

Complaints were received regarding 793 foul water drain obstructions. These drains were cleared by Corporation workmen.

### **Collection and Disposal of Refuse**

The Borough Engineer supervises this service.

The keeping of the refuse tips free from infestation by rats is the responsibility of the Chief Public Health Inspector and treatment with Gammexane powder has proved most effective in preventing nuisances caused by crickets, flies, etc.

The Committee devoted a great deal of time in considering the collection and disposal of trade and household refuse with the result that a separate department was set up to be solely responsible for this work. They appointed a Cleansing Superintendent who commenced duties in December. Up to the time of his taking over 794 replacements of worn out dustbins for household refuse were carried out and since the commencement of the scheme in 1950, 6,328 new dustbins have been supplied.

## **The Diseases of Animals (Waste Foods) Order, 1957**

The above-mentioned Order came into operation on the 1st June, 1957.

Persons keeping pigs were interviewed as to whether they collected waste food for feeding pigs.

The Borough Council issued eleven licences for plants that could expose waste foods for at least one hour to a temperature of not less than 212°F.

## **Offensive Trades**

There is one Gut Scraper on the Register and his premises are within the curtilage of a semi-public slaughterhouse.

## **Smoke Abatement**

Observations still continue to be made regarding the emission of smoke from industrial plants and one hopes that persons responsible for the working of boilers from June, 1958, fully realise their responsibilities in eliminating black smoke and in the reduction of dark smoke.

## **Pet Animals Act, 1951**

Licences were granted in five instances to persons keeping Pet Shops.

## **INSPECTION AND SUPERVISION OF FOOD**

The following premises are registered :—

Preparation of sausages, etc.	.....	24
Manufacture of ice cream	.....	7
Sale of ice cream in pre-packed containers	.....	99
Fish Frying	.....	23

The number of food shops in the Borough is as follows :—

General 82 ; Grocers 53 ; Greengrocers 13 ;  
Butchers 39 ; Fishmongers 11 ; Confectioners 14 ; Sweet Shops 18 ; Cafes 19.

## **Meat and Other Foods—Slaughtering Facilities**

There are two private slaughterhouses within the Borough, Messrs. Rowlands and the Stafford and Stone Co-operative Society.

Messrs. Rowlands' premises are of a semi-public type as they make provision for butchers from other districts as well as for those at Stafford.

Slaughtering is done outside office hours when dressed carcasses must be inspected, even on Sundays. During the year the Inspector paid 1,039 visits to the slaughterhouses.

The total weight of meat condemned was 26 tons 17 cwts. 100 lbs.

## Carcases Received, Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed .....	6,149	1,020	686	18,175	14,931
Number inspected .....	6,149	1,020	686	18,175	14,931
<b>All Diseases except Tuberculosis</b>					
Whole carcases con- demned .....	3	5	5	10	26
Portions of carcases with organs .....	79	11	4	7	51
Organs only .....	72	9	2	60	459
Percentage of the number inspected affected with disease other than Tu- berculosis .....	2.5	2.4	1.6	.43	3.6
<b>Tuberculosis Only</b>					
Whole carcases con- demned .....	4	6	—	—	4
Portions of carcases with organs .....	268	75	—	—	362
Organs only .....	199	163	7	—	251
Percentage of the number inspected affected with Tuberculosis .....	7.6	23.8	1.02	—	4.1

Cysticercosis was found in 34 Bovine animals.

Certificates were issued confirming the unfitness of foods reported to the department by Provision Merchants in the town. The items were :—

828 tins of fruit ; 525 tins of meat ; 147 tins of vegetables ; 103 tins of soup ; 135 tins of fish products ; 24 tins of milk ; 6 tins of cream ; 6 tins of fruit juice ; 171 containers of various other foods ; 253 lbs. cheese trimmings ; 70 lbs. beef sausage ; 40 lbs. Pork Sausage ; 67 lbs. bacon ; 18 stone wet fish ; 45 lbs. prawns.

### MILK AND DAIRY REGULATIONS, 1949

Samples of milk are taken regularly and submitted to the Public Analyst for testing for adulteration or deficiency in fat or solids not fat. It is also submitted to the Public Health Laboratory to test whether it has been satisfactorily pasteurised or sterilised, also as to its keeping qualities and whether free from harmful organisms.

## **Milk (Special Designation) (Raw Milk) Regulations, 1949**

Registered Dairy with Pasteurising Plant .....	1
Number of Persons issued with Dealer's Licences for the sale of Tuberculin Tested Raw Milk.....	17
Number of Persons issued with Supplementary Licences for the Sale of Tuberculin Tested Raw Milk .....	9

## **Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949**

Number of persons issued with Dealer's Licences for the sale of Pasteurised Milk .....	19
Number of persons issued with Dealer's Licences for the Sale of Sterilised Milk .....	25
Number of persons issued with Dealer's Licences to use designated Tuberculin Tested Milk (Pasteurised) .....	16
Number of persons issued with Supplementary Licences for the sale of Pasteurised Milk .....	11
Number of persons issued with Supplementary Licences for the sale of Sterilised Milk .....	11
Number of persons issued with Supplementary Licences to use designated Tuberculin Tested Milk (Pasteurised) .....	10

## **Sampling of Foods**

The Borough assumed in full the responsibilities of a Food and Drugs Authority in 1954.

The County Analyst is Public Analyst for the Borough.

Proceedings were instituted regarding formal samples taken of Channel Island Milk with Fat contents of 3.70% and which should be at least with a Fat content of 4%, also Tuberculin Tested Milk with a Fat content of 2.80% and which should be at least 3.0%.

The retailer who was also the producer, was fined £5 and £10 respectively, the defendant also having to pay costs amounting to £18.

A formal sample of Minced Turkey was taken with a meat content of 71.2 per cent. Your Public Analyst was of the opinion that it should contain not less than 95.0 per cent meat. Information was laid for proceedings to be instituted but was withdrawn on receipt of a satisfactory reply from the manufacturer and also from the Food Manufacturers Federation Incorporated.

A sample of Cleaned Sultanas was submitted for analysis and your Public Analyst reported that the sample could not be regarded as cleansed. The Town Clerk took the matter up with the wholesalers.

Of 161 samples of milk submitted, 154 proved genuine—7 were not up to standard. Of the 59 general food samples, 5 were not genuine.

Two pork sausage samples were not up to standard.

Plain flour contained hemp.

Minced Turkey—deficient in meat.

Shredded suet—unfit for use as food.

The foods submitted were as follows :—

Pork Sausage (4) ; Pork Luncheon Meat (1) ; Chopped Pork (1) ; Cake Mixture (3) ; Creamed Rice (1) ; Paste (2) ; Soup (tinned) (4) ; Beef Steak (2) ; Stewed Steak (2) ; Steak and Kidney Pudding (1) ; Oatmeal (1) ; Carmelle (1) ; Marmalade (2) ; Suet (3) ; Salmon (1) ; Lyons Chico (1) ; Crab (1) ; Jelly (1) ; Salmon and Potato Spread (1) ; Honey (1) ; Lard (1) ; Butter (2) ; Margarine (1) ; Corona Cydapple (1) ; Liver Salts (1) ; Vinegar (1) ; Creamola Crystals (1) ; Onion Sauce (1) ; Custard Powder (1) ; Blancmange Powder (1) ; Plain Flour (3) ; Liver and Bacon Croquettes (1) ; Jam (1) ; Coconut (1) ; Dried Fruit (3) ; Minced-meat (1) ; Turkey (2) ; Cut Mixed Peel (1) ; Almonds (1).

Submitted to the Public Health Laboratory Service, Stafford, for either bacteriological or biological tests were :—

152 milk samples ; 3 double cream ; one pork pie ; 8 ice cream and 2 samples involving 12 empty sterilised milk bottles.

The report on six of the empty sterilised milk bottles was not satisfactory.

The list below indicates the graded results of ice cream submitted for test.

<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
5	1	0	2

Both the unsatisfactory samples were manufactured in another district.

Designation	No. of samples taken	Satis.	Unsatis. Methylene Blue test	Phosphatase test	Neg.	Pos.
Tuberculin Tested	15	14	1	—	11	—
T.T. (Pasteurised)	39	36	3	—	—	—
Pasteurised .....	77	76	1	—	—	—
Sterilised.....	21	21	—	—	—	—
	152	147	5	—	11	—

	Number
RETAILERS OF RAW MILK :—	
Milk from own cows .....	5
Milk from Cows of other producers .....	8
RETAILERS OF HEAT TREATED MILK :—	
Retailers receiving milk from licensed Pasteurised Plant which is within the Borough .....	68
Retailers receiving milk from Pasteurised or Sterilised Plants outside the Borough .....	71





